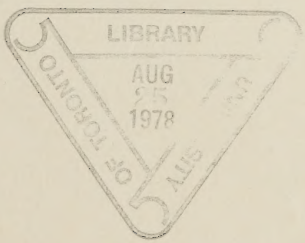
Report of
The Task Force on Child Abuse



Ministry of Community and Social Services
Children's Services Division
Ontario
June, 1978

June 19, 1978

The Honourable Keith C. Norton
Ministry of Community and Social Services
6th Floor, Hepburn Block
Queens Park
Toronto, Ontario

Dear Mr. Norton:

The Task Force on Child Abuse has completed its work and submits a report of its recommendations to you. Since the task force convened in February, its twelve volunteer members, the professional staff, members of the Ministry's staff and all of the Children's Aid Societies have contributed openly and honestly to the examination.

The recommendations, and the research from which they were drawn, should be made available to as wide an audience as possible. This suggestion is offered, not out of vanity, but out of concern that more study and action follow the very short term efforts of the task force.

Yours respectfully,

Ralph Garber
Chairman

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It is impossible to avoid the conclusion that the present arrangement of services are not effective in protecting children from child abuse or violent death. The public and professionals have every right to be concerned about the failure of our children's services to protect children known to be in perilous situations.

In order to improve this alarming situation we recommend:

1. THAT THE MINISTRY PROVIDE STANDARDS OF SERVICE FOR ALL CAS PROCEDURES AND PRACTICES AND MONITOR ALL CASs TO ENSURE THE GUIDELINES ARE FOLLOWED.

2. THAT THE MINISTRY PREPARE STANDARDS OF SERVICE FOR COMPLETE IMPLEMENTATION OF SECTION 6 OF THE CHILD WELFARE ACT WHICH DEFINES THE PURPOSES OF THE CAS.

3. THAT SPECIAL ATTENTION BE GIVEN TO THE INVOLVEMENT OF CAS STAFF ASSOCIATIONS IN PLANNING AND POLICY DETERMINATION.

4. THAT GUIDELINES FOR INCLUSION OF DATA AND DIAGNOSIS EMPHASIZE UNIFORMITY OF REPORTING. STAFF SUPPORT AT THE MINISTRY SHOULD BE MADE AVAILABLE TO ASSURE THAT THE SYSTEM NOW BEING FORMULATED CAN BE MADE OPERATIONAL AND GUIDELINES FOR RECORD KEEPING BY LOCAL CASs BE DEVELOPED AND STANDARDIZED ACROSS THE PROVINCE.

5. THAT AN ACCREDITATION PROCESS FOR CHILDREN'S AID SOCIETIES BE INITIATED BY THE MINISTRY OF COMMUNITY AND SOCIAL SERVICES. REGULATION CONCERNING ACCREDITATION SHOULD BE INCORPORATED INTO THE CHILD WELFARE ACT.

6. THAT THE GUIDELINES INCLUDE PROCEDURES FOR ROTATION OUT OF CHILD ABUSE CASELOADS, STAFF ASSIGNMENTS, AND SPECIAL LEAVE FOR STUDY.

7. THAT THE MINISTRY PREPARE GUIDELINES FOR THE PARTICIPATION OF MULTI-DISCIPLINARY TEAMS, POLICE, PHYSICIANS, LEGAL COUNSEL, AND EDUCATORS.

8. THAT CHILDREN'S AID SOCIETIES BE REQUIRED TO INITIATE THE FORMATION OF MULTI-DISCIPLINARY TEAMS LOCALLY. THE FUNCTIONS OF THESE TEAMS SHOULD BE AS FOLLOWS:

   - o to provide consultation, coordination and cooperation, and community planning
   - o to assist in decision-making, not necessarily as a group but as informed individuals
   - o to be involved in immediate decision-making and critical long-term decision-making.

9. THAT ALTHOUGH MULTI-DISCIPLINARY TEAMS SHOULD ASSIST THE CAS, THE CAS MUST CONTINUE TO ASSUME THE ULTIMATE RESPONSIBILITY FOR CHILD PROTECTION.

10. THAT JOINT POLICE AND CAS PARTICIPATION IN INVESTIGATIVE PROCEDURES BE EXPLORED MORE FULLY.

11. THAT HOSPITAL ACCREDITATION PROCEDURES SHOULD INCLUDE STANDARDS FOR REPORTING CHILD ABUSE, AND FOR PARTICIPATION ON MULTI-DISCIPLINARY CHILD ABUSE TEAMS.

12. THAT IN ALL CHILD ABUSE COURT PROCEEDINGS THE CAS MUST BE REPRESENTED BY COUNSEL; IN ALL UNCONTESTED CASES THE CAS SHOULD HAVE ACCESS TO LEGAL OPINION, IN ORDER TO FULFILL ITS PROTECTION MANDATE.

13. ANY CHILD WHO IS THE SUBJECT OF A CHILD WELFARE HEARING SHOULD BE REPRESENTED BY HIS OR HER OWN LAWYER, UNLESS THIS IS NOT RECOMMENDED BY THE COURT.

14. THAT THE MINISTRY OF COMMUNITY AND SOCIAL SERVICES INSTITUTE HIGH STANDARDS FOR ALTERNATIVE CARE OF ABUSED CHILDREN. THIS CAN BE DONE BY MEANS OF THE FOLLOWING:

    1. recruiting specially trained persons to provide this care
    2. offering incentives to ensure that good alternative caretakers are properly remunerated for fulfilling this demanding and challenging responsibility
    3. continuous and exacting monitoring of alternative care
    4. requiring continuing education and training of caretakers.

15. THAT ALL CHILDREN BE APPREHENDED WHEN THERE IS A HIGH DEGREE OF RISK. TWENTY-FOUR AGENCY SUPERVISION IN THE CHILD'S HOME IS RARELY A FEASIBLE PRACTICE.

16. THAT ALL ABUSED CHILDREN HAVE EQUAL ACCESS TO PLACES OF SAFETY FOR ACUTE CARE, AND EQUAL ACCESS TO REGIONAL PLACES OF SAFETY FOR CHRONIC OR SPECIALIZED CARE.

17. THAT THE MINISTRY ENSURE THAT THE NEEDS AND THE DIFFERENT PATTERNS OF SERVICES REQUIRED TO PROTECT CHILDREN OF NATIVE PEOPLE ARE SERIOUSLY ADDRESSED.

18. THAT THERE BE IMMEDIATE PROVISION OF QUALIFIED PROTECTIVE SERVICE INTERVENTION ON A TWENTY-FOUR HOUR BASIS THROUGHOUT THE PROVINCE. THE SERVICE SHOULD BE PROVIDED BY PERSONS WHO ARE CLASSIFIABLE AS SOCIAL WORKERS, UNDER THE REGULATIONS OF THE CHILD WELFARE ACT AND WHO HAVE HAD SPECIFIC TRAINING AND EXPERIENCE IN CHILD PROTECTION, INVESTIGATION, INTERVENTION, AND APPREHENSION. ALL INITIAL COMPLAINTS OF CHILD ABUSE SHOULD BE FOLLOWED UP ON THE SAME DAY, AND PREVIOUSLY IDENTIFIED HIGH-RISK SITUATIONS SHOULD BE RESPONDED TO WITHIN THE HOUR. THE MULTI-DISCIPLINARY TEAMS SHOULD PROVIDE A TWENTY-FOUR HOUR SERVICE CLOSELY RESEMBLING THE MODELS OF HOSPITAL EMERGENCY ROOMS AND PUBLIC UTILITIES.

19. THAT AFTER CONSULTATION WITH HOSPITAL STAFF AND DETERMINATION OF HIGH RISK HAS BEEN MADE, ALL NEWBORN INFANTS AND THEIR RESPONSIBLE PARENT SHOULD BE VISITED WEEKLY FOR AT LEAST THE FIRST EIGHT WEEKS AFTER DISCHARGE FROM HOSPITAL. THE VISITS SHALL BE CARRIED OUT BY A PUBLIC HEALTH NURSE.

20. THAT THE MINISTRY OF COMMUNITY AND SOCIAL SERVICES REQUEST, THROUGH THE INTER-MINISTERIAL COMMITTEE ON CHILDREN'S SERVICES, THAT THE MINISTRIES OF CORRECTIONAL SERVICES, HEALTH, EDUCATION, ATTORNEY GENERAL, SOLICITOR GENERAL, AND COLLEGES AND UNIVERSITIES INCLUDE APPROPRIATE CHILD ABUSE TRAINING CONTENT IN THE CURRICULA FOR THEIR RESPECTIVE PROFESSIONS. SUCH ENRICHED TRAINING PROGRAMS WILL ENABLE SOCIAL WORKERS, PHYSICIANS, NURSES, LAWYERS, POLICEMEN, JUDGES AND TEACHERS TO BECOME AWARE OF CHILD ABUSE INDICATORS, ASSESSMENT METHODS AND REFERRAL STRATEGIES, AS PART OF THEIR PROFESSIONAL TRAINING.

21. THAT THE MINISTRY CONTINUE THE NEXT PHASE OF THE CHILD ABUSE DEMONSTRATION PROGRAM AND MAINTAIN ITS INITIAL AND SUBSEQUENT PHASES AS ONGOING TRAINING FOR CHILD ABUSE PERSONNEL IN THE PROVINCE.

PREFACE

The Task Force on Child Abuse has had a narrow focus and a broad concern. The appointment of the task force was made because of public concern for children who are badly abused. Abuse encompasses suffering because of gross neglect, sexual molestation, and injuries inflicted by a parent or guardian. The government shared the communities' concern, since it had the legal responsibility to protect children whose lives are in jeopardy.

The focus of the task force was directed toward the caretaking and protective services provided by Children's Aid Societies (CASs). Particular attention was to be paid to identifying abusive situations and the means available to offer short-term or continued protection to children. A time limit of approximately three months was set so that the recommendations could be received by the Ministry of Community and Social Services and considered without undue delay.

The twelve members of the task force were chosen because of their close association with the problems of child protection. They each volunteered their time and met conscientiously over the life of the committee. The limitations of time precluded open hearings. However, the task force sought and welcomed the opinions, viewpoints, and experiences of all the children's agencies, community groups, staff associations, interested citizens, and professionals from a wide range of backgrounds. Their comments were submitted in writing to the task force along with briefs, annual reports, guidelines for practice, unpublished studies, and personal experiences.

The Children's Aid Societies should be especially noted for their cooperation. All but one CAS, which was advised not to participate because of a pending court case involving child abuse, contributed directly and openly to the research. Over one-third were active in additional studies and in the submission of briefs. Many of the staff associations responded to our requests for briefs and were notably frank and helpful.

The task force initiated two studies that were completed within a five week period. The studies were commissioned because there was not enough current information available to answer the types of questions being asked by the task force members. Dr. Ted G. Harvey of Social Policy Research Associates in association with Dr. Stephen Haggerty of Community Concern Associates provided the task force with invaluable data in his research report.

Professor Cyril Greenland, a member of the task force, prepared a research report comparing thirteen cases where children died from child abuse to eleven other child abuse cases where the outcome was less tragic.

The Hanson report, prepared for the Ministry of Community and Social Services in 1974, had a larger frame of reference and made a number of recommendations concerning the Children's Aid Societies and the Ministry. Some of the recommendations had begun to be carried out in 1977 and 1978, and served as a point of reference for the task force's work. Other studies made available to the task force provided ample evidence of prior concern and knowledge about abuse and child protection. Some of these studies have not been publicly circulated. Widespread availability could be helpful to the Ministry in increasing public knowledge.

The Consultation Paper on Short-Term Legislative Amendments was reviewed with a focus on those recommendations that impinged upon the task force's terms of reference.

Full cooperation by the Ministry was assured and rendered. Staff were assigned to assist in the preparation of documentation, minute taking, and all those other tasks without which our group of volunteers could not carry out its responsibilities. Dr. Peter Loebel, who served as secretary to the task force, Ms. Elaine Zuker, a graduate student in social work who served as a staff assistant, Ms. Carol Sevitt who edited the report, and Miss Judy Nordquist, who provided office support, are specially commended. Dr. Herbert Sohn of the Ministry's Child Abuse Program, and Mr. Gordon McLellan, Executive Director, Community Liaison & Child Welfare, were particularly helpful in making studies, policies, and other ministerial resources available for use by the task force.

The choices before the task force were to a) leave things as they are offering modest suggestions for improvement, b) recommend modifications in service and regulation of service or, c) recommend a complete change in the provision of services to children.

The task force has chosen to present a number of recommendations on which there has been broad agreement, and seeks effective modification and management of the present system. We did not limit ourselves to those ideas which were held unanimously, nor are recommendations offered or designated as representing a minority view. The final report is the work of the task force and it accepts authority and responsibility.

INTRODUCTION

Terms of Reference

The creation of the Task Force on Child Abuse was stimulated by both public concern over what seemed to be a rising number of deaths from child abuse, and questions concerning the response and effectiveness of the Children's Aid Societies (CASs) in protecting children. The Minister of Community and Social Services, the Honourable Keith Norton, convened the Child Abuse Task Force in February, 1978. The task force's mandate was to examine:

- the response to the needs of abused children; the relationship of such children to their families; decision-making related to suitable alternative care, supervision of and support for the family
- the services provided by the Children's Aid Societies, demonstrated by how acute and chronic situations are defined and responded to.

In examining the work of Children's Aid Societies, the task force paid special attention to the following:

1. staff qualifications and training
2. decision-making procedures
3. supervisory practices
4. monitoring of case progress
5. relationship to the court process
6. resources.

The task force defined, for its purposes, child abuse as being physical abuse, gross neglect and sexual molestation.

The Incidence of Child Abuse

The task force recognizes that prevention is the first line of defence and is the most desirable solution. However, its responsibility was to look into what help could be provided after the abuse has occurred.

Effective health, education, and welfare services are essential to the complete and harmonious growth of children, and are vital for the well-being of the whole society. Supported by these services, most parents succeed in raising their children with love, understanding, dignity and the basic necessities of life. However, some parents, unable to cope with their child caring responsibilities, hurt or neglect their children. The reasons for abuse are as varied as the individuals involved.

Fortunately, in Canada the wholesale abuse of children in institutions and orphanages, child labour practices, and as a result of starvation because of parents' inability to provide them with enough food, has been significantly reduced. Unfortunately, there remains a small proportion of parents who are unable to provide even the minimum standards of care required for the healthy physical and emotional development of their children.

The number of reports of abusive situations has increased markedly in the past several years. This may not necessarily be due to a growth in the number of cases of abuse; it may be a growth in the public's unwillingness to accept abusive situations, and requiring social responsibility and government intervention on behalf of children.

The sureness with which we identify the child as the victim is strengthened by our attention to the means used to protect the child. The concentration of the task force on the CAS is to emphasize its responsibility, not to lay blame. Similarly with other disciplines, professions, and the Ministry itself, we express our concern for their participation, involvement, and acceptance of responsibility in the protection of children. No further victimizing is necessary and it is not our intention to heap abuse on those we have asked to serve children at risk, namely the CASs.

Dealing With the Problem

We recognize that a problem exists with neglect, abuse and sexual molestation, but there is an obvious gap between the problem as perceived and a solution to it. The task force's broad concern was in prevention but its immediate responsibility was in dealing with what happens after the fact. There are no magic wands provided to wave away the problems, and no easy answers to complex social issues. There are building blocks and social structures that can be used more effectively to contain the problems. It is to these institutions that the task force has directed its efforts.

The task force has selected from among the large number of recommendations made by the research reports and from the many submissions received. The selections were made because they warranted immediate and particular attention in helping with the terms of reference.

The research reports require additional and special study. * The observations, findings, insights and recommendations will become very useful when determinations have to be made about allocation of resources and specifications of the guidelines. The comments of the CAS Directors are invaluable as they enhance the perspective on child abuse and protection.

The Minister should consider establishing an advisory group on child abuse with a frame of reference reflective of the task force's broad concerns.

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* Findings and conclusions of the Harvey Research Report are cited in Appendix III of this report.

MINISTRY OF COMMUNITY AND SOCIAL SERVICES AND CHILDREN'S AID SOCIETIES GUIDELINES

The Ministry of Community and Social Services and the Children's Aid Societies, as set out by The Child Welfare Act, share responsibility for child protection in Ontario. The Ministry provides resources, monitors CAS activities, and sets standards and policy; the CAS provides direct service to children in need of protection. The Ontario Association of Children's Aid Societies (O.A.C.A.S.), as a coordinating organization has had insufficient impact or influence on establishing uniform standards of service. The self-regulatory means of the CASs has not proven to be effective. The need is apparent for greater overall supervision from the government and a markedly lower expectation from O.A.C.A.S. There is a special relationship between Children's Aid Societies and the Ministry of Community and Social Services. The CAS operates under the auspices of a voluntary sector, but is totally financed by the public sector, making it cumbersome to monitor and regulate.

The Children's Aid Society

The task force examined the legislation which gives the CAS its mandate, specifically Sec. 6 (2) of The Child Welfare Act which reads as follows:

"Every Children's Aid Society shall be operated for the purposes of,

(a) Investigating allegations or evidence that children may be in need of protection;

(b) protecting children where necessary;

(c) providing guidance, counselling and other services to families for protecting children or for the prevention of circumstances requiring the protection of children;"

The terms of reference led the task force to emphasize the investigation and protection aspects of the above legislation and to seek guidelines and resources to help the CAS carry out its responsibility. The areas which need to be improved are:

- coordination among all the disciplines dealing with children
- investigation of suspected child abuse cases by skilled personnel
- legal consultation for CASs as well as for children being represented by the society and parents
- standards in education, training, alternative care settings, service provision, post-natal follow-up, procedures and guidelines.

The CAS must be given a clearer mandate by the Ministry. Individual CASs need more resources in order to play a more effective role in protecting children. They must strive to become visible, assertive, knowledgeable, resourceful and passionate advocates for children.

The task force finds both the Ministry of Community and Social Services and the Children's Aid Society remiss in setting standards and monitoring their performance. The mandate to the CAS has not been accompanied by resources, particularly the administrative, organizational and professional capabilities needed to carry it out.

As outlined previously, the task force's terms of reference included examining the Children's Aid Societies and paying special attention to staff qualifications and training; decision making procedures; supervisory practices; monitoring of case progress; relationship to the court process; resources.

Clear, precise, consistent Ministry guidelines would help CASs to respond to acute and critical situations in all these areas. Solicited submissions, and responses to the research questionnaire, contained repeated requests to the Ministry that it supply immediate additional and strengthened standards of service in all these areas. The present O.A.C.A.S. guidelines were not disseminated, not uniformly available, and not widely utilized.

The quality of protective services within the Province of Ontario varies markedly from CAS to CAS. Both of the task force's research projects substantiate the fact that these qualitative differences exist; these findings are also consistent with the observations made in the Hanson Report. The fact that the unevenness of service has persisted and is so pervasive is most disturbing.

The task force recommends:

That the Ministry provide standards of service for all CAS procedures and practices and monitor all CASs to ensure the guidelines are followed.

That the Ministry prepare standards of service for complete implementation of Section 6 of The Child Welfare Act which defines the purposes of the CAS.

That special attention be given to the involvement of CAS staff associations in planning and policy determination.

There are disparate, incomplete, and unique records being kept by local CASs making evaluative comparisons impossible.

There are information gaps and time lapses in the reports of child abuse to the Central Registry. The value of the Registry as a research tool is greatly diminished, and its value for tracking abuse is negligible given the discrepancies in data.

The task force recommends:

That guidelines for inclusion of data and diagnoses emphasize uniformity of reporting. Staff support at the Ministry should be made available to ensure that the system now being formulated can be made operational and guidelines for record keeping by local CASs be developed and standardized across the province.

It is hoped that the preceeding recommendations for institution of guidelines and standards of service will be implemented within a year. Following that we would like to see the process of accreditation initiated within a three-year period and completed for all CASs by the end of the fifth year. The re-accreditation should be on a five-year basis.

The task force recommends:

That an accreditation process for Children's Aid Societies be initiated by the Ministry of Community and Social Services. Regulation concerning accreditation should be incorporated into The Child Welfare Act.

That the guidelines include procedures for rotation out of child abuse caseloads, staff assignments, and special leave for study.

Supervisors should be assigned some cases of child abuse so that they remain in touch with the experiences of front line service.

The quality of service which is provided is as important as the quantity. Child abuse cases are often far more difficult and draining for workers than other types of protection cases. Worker assignment on an exclusive basis to child abuse and gross neglect has resulted in "high burnout" of these caseworkers. *

The task force recommends:

That the Ministry prepare guidelines for the participation of multi-disciplinary teams, police, physicians, legal counsel, and educators.

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* Harvey Research Report

MULTI-DISCIPLINARY COORDINATION

The child who is suffering from abuse or neglect comes to the attention of a range of professionals including health personnel, hospital and public health nurses, medical practitioners, school personnel, day care workers, and abusing parents themselves, any one of whom may be the first to notice. Any and all of these can report situations to Children's Aid Societies, which are required to provide protection or assistance for the child.

Pathology may be rooted in families or individuals; societal forces may contribute to the pathology. A single agency does not have the expertise, resources, or exposure to the prevalence of child abuse, to enable it to respond to all the needs of abused children, treat the dysfunctional relationships between the children and their families, and make decisions relevant to alternative care or support and supervision of the family.

The Children's Aid Societies need the participation of a range of professions in the community to assist in the identification, investigation, assessment, care through treatment, and other needs of the child and the abusing adult.

The task force concluded that multi-disciplinary consultation teams could best fulfill the role of assisting the Children's Aid Society because they could provide the necessary access to wide knowledge, professional experiences and skill. Appropriate disciplines and professions should be accountable and responsible for the protection of children.

Our research showed that fewer than one-third of all CASs have consulting, cooperating team arrangements in Ontario, and the Children's Aid Societies deplored their absence. Those CASs which are part of multi-disciplinary teams praised them; those not involved suggested that formation of such teams was the preferred manner of gaining assistance in order to provide better prevention of and protection from abuse. The task force recognizes that multi-disciplinary child abuse teams including members from disciplines such as medicine, law enforcement, education and social work, have worked well in other jurisdictions.

In Ontario, one Children's Aid Society reports an active child abuse committee made up of representatives from the CAS, public health unit, police, two general hospitals, as well as a child psychiatrist, an emergency room physician, a paediatrician and a lawyer. The committee has been concerned with community wide coordination and planning for needed services. In addition, this community has a smaller child abuse treatment team made up of a CAS protection worker, a public health nurse, a paediatrician and social workers from both active treatment hospitals. They meet weekly to plan management of cases and provide consultation for other workers.

We support many types of multi-disciplinary consultation and cooperation in all localties, urging fiscal and consultation supports.

The task force recommends:

That Children's Aid Societies be required to initiate the formation of multi-disciplinary teams locally. The functions of these teams should be as follows:

- to provide consultation, coordination and cooperation, and community planning
- to assist in decision-making, not necessarily as a group but as informed individuals
- to be involved in immediate decision-making and critical long-term decision-making.

Cooperation and information sharing among all those on the multi-disciplinary teams is a social and professional obligation of the disciplines and professions. Members of the multi-disciplinary teams should include CAS workers and wherever possible, family practitioners, police, psychiatrists, paediatricians, lawyers, teachers, and emergency room personnel. The teams should participate in investigation, treatment, and policy formulation. The purpose of the multi-disciplinary teams is to regularize the participation of others in the child protection milieu; it is also to be an external, required, inter-disciplinary support mechanism to help the CAS carry out its mandated functions. The Ministry should seek the participation of relevant ministries to assist in the development of multi-disciplinary teams.

The task force recommends:

That although multi-disciplinary teams should assist the CAS, the CAS must continue to assume the ultimate responsibility for child protection.

The CAS and the Police

The task force believes that while both the CAS and the police have a mandate for protection, the police have investigatory skills which are complementary to the assessment and treatment skills of the CAS. Both the research and submissions to the task force indicated that investigation of abuse situations was problematic for the CASs. Examples of some of the problems are as follows:

- there is frequent reluctance on the part of the police and the Crown Attorney to become involved, unless they are certain they can develop proof for a court case
- collection of concrete evidence by CAS workers for Court is difficult and time-consuming
- the CAS lacks resources and competence to investigate and assess situations as thoroughly as it would like
- there exists a lack of consistent Ministry guidelines for abuse investigation and disposition
- there is a lack of knowledge on the part of police as to their role and the scope of their involvement
- there is often confusion of function when the CAS worker is protecting the child and helping the family on the one hand, and investigating the family for causative behaviour on the other.

The preceeding problem areas have resulted mainly from mutual inability of the CAS and police to understand their respective roles and responsibilities.

The task force recommends:

That joint police and CAS participation in investigative procedures be explored more fully.

Many instances of child neglect and mild abuse certainly do not require intervention by police and can appropriately be handled by social workers. Regularization of cooperative procedures with police must be developed so that their investigatory skills can be utilized fully, and so that the possibility of their only being of assistance in crisis situations will be precluded.

The objective of the police investigation is determination of cause. If in the judgement of the police, there is strong evidence of abuse or neglect, the regular prosecution process would be followed.

The task force was concerned about the role and responsibility of coroners when there has been a child abuse death. Where there is a high index of suspicion it was recommended that an inquest should be held. Some members of the task force believed inquests should be held in all child abuse deaths if the case is not otherwise dealt with by a Court. The protection of other children in a family in which a child abuse death has occurred is the professional responsibility of a coroner and the legal responsibility of the local CAS.

The CAS and the Medical Profession

The CAS also requires investigatory assistance from the medical profession. Task force research indicates a few islands of cooperation with the CAS, in a sea of indifference. Physicians are in a crucial position, by means of their doctor/patient relationships, to recognize parental problems in caring for children. The diagnostic (investigative) skill of the physician is an important resource in early identification and positive determination of abuse, gross neglect, or sexual molestation.

The involvement of physicians in determining abuse will require special attention on their part, and assurance by the CAS and the Courts that the physician's time will not be taken up more than is absolutely necessary in the judicial process. As part of its cooperative effort, the CAS will have to improve its speed of response to reports of abuse made by physicians. The CAS will have to inform the reporting physicians of the actions taken in order to reinforce the value of reporting and to demonstrate the usefulness of the reports.

It is anticipated that with the inception of local multi-disciplinary teams, physicians may readily refer patients to medical members of the team, or consult with these colleagues about suspected abuse. In addition, they will be more likely to have a high index of suspicion toward unusual injuries to children.

Cooperative investigatory assistance by both the police and physicians is absolutely necessary if the CAS is to fulfill its mandate to protect children. As one agency noted, "we have no child abuse team in operation and the consensus is that without police and medical cooperation it would not work".

Public health and hospital nursing staff have particular need of support in their reporting responsibilities. Unsympathetic medical practitioners and/or hospital administrators may stifle or prevent early reporting of abuse.

The task force recommends:

That hospital accreditation procedures should include standards for reporting child abuse, and for participation on multi-disciplinary child abuse teams.

The Minister should seek the participation of the Minister of Health and the medical and nursing associations to alert these professions to their responsibilities related to child abuse, gross neglect and sexual molestation.

LEGAL CONSULTATION AND THE COURTS

The task force was cognizant of the delicate balance between society's obligation to protect children from abuse and neglect and individuals' rights to parent their children without interference from the state. The task force concluded that when parents place children in jeopardy through abuse or gross neglect they have placed their own rights and responsibilities in jeopardy.

While every effort must be made to assist parents who are unable to care for their children adequately, protection of the children is paramount. The state is obligated to assume responsibility for protecting the rights of children.

Children's Aid Societies have a dual function. They are:

- the authority which removes the child from his home and gives evidence in Court that may result in the termination of parental rights
- the agent for rehabilitating the abusing family so that the best interests of the child may be observed.

The task force recognizes that these roles are not necessarily complementary. Research indicates that the CAS feels that in court presentations of contested or adversarial situations representation of the child's best interests was inadequate.

In response to a question posed by the researchers, "What are some of the more severe problems which staff your CAS have encountered in dealing with child abuse in the past year?", fourteen local CAS directors said they had difficulties with the courts, for a variety of reasons. Submissions to the task force substantiated the researchers' data.

Essentially, the court proceedings are time-consuming and frustrating because of the number of adjournments. They are difficult for CAS workers, many having only a very elementary understanding of procuring evidence and appropriate procedures of investigation for preparation of court cases. Most problematic, of course, is that the child is left in a state of limbo for unacceptably long periods of time. In cases where supervision is the current order, and the CAS is attempting to gain a wardship order, the child remains at risk unnecessarily when the court process is not expeditious.

Comments and responses regarding problems or difficulties with the Court in handling child abuse cases refer to difficulties in obtaining and giving evidence, and the disposition of the Court to disregard any but unequivocal evidence of abuse. The adversary system in Court results in an apparent slant toward parents' rights and the Court seems reluctant to accept that abuse has occurred, even when there is strong medical and other evidence. The Court sometimes seeing the CAS as overzealous and biased against parents, is often reluctant to accept psychiatric and psychological evidence. It underestimates danger to the child, becoming overly optimistic about security offered by a supervisory order.

Children's Aid Societies' rights and children's rights can best be upheld when all involved parties have access to equal legal representation. Under the present system neither children nor the CASs have been fairly and fully represented in the court process. Those judges who have become expert in the problems of abusing and neglecting parents are important protectors of the child, but formal protection through representation can be applied in every jurisdiction.

The task force recommends:

That in all child abuse court proceedings the CAS must be represented by counsel; in all uncontested cases the CAS should have access to legal opinion, in order to fulfill its protection mandate.

Any child who is the subject of a child welfare hearing should be represented by his or her own lawyer, unless this is not recommended by the Court.

Alternative Care

A great deal of attention has been paid to protecting children from abusing parents. However, we have not paid sufficient attention to the abused child's needs, other than attending to the repair of the physical damage inflicted upon him or her. Unless hurt and neglected children receive appropriate intensive remedial treatment, the long-term effects of the abusive environment of the child will not be reversed, nor will the cycle of abused children potentially becoming abusing parents be broken.

Without paying close attention to the need for specialized care, the alternative care situation may involve continuing abuse to the emotionally and physically damaged child who may have become difficult to handle and mistrustful of all adults. We cannot assume that all foster care is therapeutic and helpful, regardless of the qualities, experience, or training of those providing the care. The lack of satisfactory foster care was noted by some CASs.

The task force recommends:

That the Ministry of Community and Social Services institute high standards for alternative care of abused children. This can be done by means of the following:

1. recruiting specially trained persons to provide this care
2. offering incentives to ensure that good alternative caretakers are properly remunerated for fulfilling this demanding and challenging responsibility
3. continuous and exacting monitoring of alternative care
4. requiring continuing education and training of caretakers.

With these changes, placing the abused child in a good home may reverse the traumatic effects of the harmful, abusive environment.

Apprehension/Supervision

One issue implicit in the task force recommendations is that when a CAS decides, for whatever reason, to leave a child at risk in his or her own home, the community must judge the importance of this choice in relation to other choices. When a child at risk has been apprehended by the CAS, a judge may find that, though the child is in need of protection, he or she may be returned home under the supervision of the Children's Aid Society (The Child Welfare Act, Sec. 26 (1) (a)). Although no specific means of supervision have been identified, it is expected that the child will be protected. It is at this point, where there are no defined criteria, that the social worker has to supervise, and individual judgement is critical.

The plan for the protection of the child will depend very much on the nature of the abuse and the attitude of the parent. It may be necessary for the social worker to visit regularly; it may be necessary to send in a homemaker daily; it may be possible to rely on other members of the personal services network--a teacher, a public health nurse, a family physician, or a day-care centre operator. What must be recognized is that despite the availability and input of these resources, no third party can be present twenty-four hours a day, seven days a week. With the best will in the world, or the most detailed instructions from the Court, a supervisory order cannot ensure the safety of the child in his or her home.

The task force recommends:

That children be apprehended when there is a high degree of risk. Twenty-four hour agency supervision in the child's home is rarely a feasible practice.

Research indicates that, at the present time, children's rights to adequate protection under the law depend upon where in the province they are living rather than the fact that they are living in the province. Immediate crisis protection for the child should be available as close to the child's community as is feasible. The child who has been abused has special needs, and a suitable foster family may not be able to provide long-term care in any one CAS jurisdicition.

The task force recommends:

That all abused children have equal access to places of safety for acute care, and equal access to regional places of safety for chronic or specialized care.

There are particular difficulties associated with provision of services in the North. The sparse population scattered over a very wide area, grouped for convenience under the title "The North", does not have services which reflect the differences and needs of the people living in that region. There are disturbing questions about the high proportion of native children taken in care compared with the rest of the population. Our terms of reference do not include study of these concerns. However, the present methods of serving and working with native peoples seem clearly unsatisfactory and troubling to them and to the agencies that offer services to them.

The complexity of these problems calls for a special examination of the needs and services of native peoples.

The task force recommends:

That the Ministry ensure that the needs and the different patterns of service required to protect children of native people be seriously addressed.

Twenty-Four Hour Service

The current regulations within The Child Welfare Act provide too much leeway for the period of time in which a response to a complaint of child abuse is made. Current regulations state that a complaint shall be recorded within twenty-four hours and investigated within twenty-one days.

At the present time there is great variation across the province as to how after-hours service is provided. For example, some agencies contract this activity out to people who are not employees of the agency; they may be students who do this on a part-time basis. Others provide that staff of the CAS will take weekly turns in providing this after-hours service. The basic thrust of such provision has been to attempt to resolve situations largely by telephone, or to delay intervention until the next working day. Consequently, there is a wide variance in the quality of child protective investigations, intervention, and crisis management after regular working hours.

The task force recommends:

That there be immediate provision of qualified protective service intervention on a twenty-four hour basis throughout the province. The service should be provided by persons who are classifiable as social workers, under the regulations of The Child Welfare Act and who have had specific training and experience in child protection, investigation, intervention, and apprehension. All initial complaints of child abuse should be followed up on the same day, and previously identified high-risk situations should be responded to within the hour. The multi-disciplinary teams should provide a twenty-four hour service closely resembling the models of hospital emergency rooms and public utilities.

Post-Natal Follow-Up

Research reports and the literature indicate that highest vulnerability for abuse is with newborn infants and children under three years of age. Half of the deaths by abuse and abandonment reported in the last few years were children in their very early years. There has been an increase in the number of young adolescent, single mothers who have chosen to keep their babies. There is reference in the literature to early (immediately after birth) identification of mothers who express problems in caring for and relating to a new infant. The addition of each new child to the family, particularly when births are closely spaced, adds to the vulnerability of each of the children.

The research findings suggest that specific actions to protect the newborn are needed. The one or two visits of the public health nurse to the family of the newborn are not uniformly carried out throughout the province.

The task force has concern about apprehending newborn infants, since in many cases not enough information is available on the parenting capacity of the mother.

The task force recommends:

That after consultation with hospital staff and determination of high risk has been made, newborn infants and their responsible parent should be visited weekly for at least the first eight weeks after discharge from hospital. The visits shall be carried out by a public health nurse.

Specialized Training

The research reports, submissions to the task force, and a review of the relevant literature identify multiple and complex factors involved in child abuse, neglect, and sexual molestation. The multiple problems experienced by some families, the special situation or crisis that gives rise to abuse, the social factors of unemployment, relocation, historical treatment of some populations, and regional disparities, all contribute to family dysfunction. Some infants and children have special needs and no parental resources to call upon. Unsuspected, under-reported, and unresponded-to indicators of early neglect add to the factors to be considered. No single profession or discipline has knowledge of all these factors nor the expertise to deal with the phenomenon of abuse.

The task force recommends:

That the Ministry of Community and Social Services request, through the Inter-Ministerial Committee on Children's Services, that the Ministries of Correctional Services, Health, Education, Attorney General, Solicitor General, and Colleges and Universities include appropriate child abuse training content in the curricula for their respective professions. Such enriched training programs will enable social workers, physicians, nurses, lawyers, policemen, judges and teachers to become aware of child abuse indicators, assessment methods and referral strategies, as part of their professional training.

The Ministry of Community and Social Services has recently completed a program which trained multi-disciplinary personnel in certain aspects of the child abuse situation. The programs, which were presented in fifteen Ontario communities, were accessible to personnel in twenty-five CAS jurisdictions, and were well received. The second stage is a Training Treatment Program.

The task force recommends:

That the Ministry continue the next phase of the Child Abuse Demonstration Program and maintain its initial and subsequent phases, as ongoing training for child abuse personnel in the province.

Specialized Research

Reference has been made in relevant parts of this report to the complexity of factors associated with abuse, protection, and service provision. The research undertaken under the auspices of the task force identifies several areas where knowledge is weak and data not available. The literature referred to relies very heavily on experiences in the United States. Counterpart Canadian investigations are sparse. The proposed broadening of the definition of neglect will affect a much higher proportion of families than is now being serviced. This requires examination of how services are provided, and their effectiveness in dealing with abuse and neglect.

The Minister may wish to consider the development of a program devoted to studying the child and family. Such a program should probably be established in cooperation with other ministries in the social development and justice policy field. Its purpose would include research, demonstration of new services, and cooperative training programs with other training divisions in the government.

Conclusion

The task force has recognized a number of practices that should be eliminated or avoided. It has identified those practices that require standards, guidelines, and improvements in effectiveness and efficiency.

The recommendations are directed toward a quicker, surer recognition of child abuse, and effective responses for the protection of the child.

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APPENDIX I

SUBMISSIONS TO THE TASK FORCE

Children's Aid Society of Brant; Staff Association

Children's Aid Society of the City of Guelph and the County of Wellington

Children's Aid Society of the City of Kingston and the County of Frontenac (Inc.)

Children's Aid Society of the County of Kent; Staff Association

Children's Aid Society of the County of Simcoe; Staff Association

Children's Aid Society of Durham Region; Staff Association

Children's Aid Society of Porcupine

Children's Aid Society of Prescott-Russell United Counties

Children's Aid Society of Sault Ste. Marie and the District of Algoma

Children's Aid Society of the United Counties of Stormont, Dundas and Glengarry; Staff Association

Family and Children's Services of Hastings County

Family and Children's Services of Huron County

Family and Children's Services of London and Middlesex

Family and Children's Services of the Niagara Region; Staff Association

Family and Children's Services of Norfolk County; Local 1766 - CUPE

Family and Children's Services of Renfrew County

Family and Children's Services of St. Thomas and Elgin

F.O.C.A.S. Local #1 - Toronto

Georgian Bay District Office, Ministry of Community and Social Services

London District Office, Ministry of Community and Social Services

E. H. Pakes, M.D. - Toronto

Ms. Peggy Reinhardt - Toronto

Thunder Bay District Office, Ministry of Community and Social Services

APPENDIX II

CORRESPONDENCE TO THE TASK FORCE

Freda Bunner - Owen Sound, Ontario

Margaret Campbell - Toronto, Ontario

Mrs. Carolyn Carr - North Bay, Ontario

Children's Aid Society of the Regional Municipality of Halton; Staff Association

Children's Aid Society of Metropolitan Toronto; Children's Services

Children's Aid Society of Metropolitan Toronto; Staff Association

Ram Chopra - Toronto, Ontario

Kate Denyer - Ottawa, Ontario

F.O.C.A.S. Local 21 - Belleville, Ontario

J. M. Forster - Ottawa, Ontario

Peter Kelly - Kingston, Ontario

Irene Kmet - Kingston, Ontario

Mrs. D. Lovegrove - North Bay, Ontario

Maureen J. MacMillan - Hamilton, Ontario

Maxine Schoggen - New York, N.Y.

APPENDIX III

FINDINGS AND CONCLUSIONS OF HARVEY RESEARCH REPORT

Excerpt from a research report

A STUDY OF GUIDELINES FOR PRACTICE AND PROCEDURES IN HANDLING CASES OF CHILD ABUSE IN ONTARIO'S CAS

Prepared for the Child Abuse Task Force by Dr. Ted G. Harvey, Social Policy Research Associates, Toronto, 1978, pp 55 - 66.

III FINDINGS AND CONCLUSIONS OF THE STUDY

A number of assessments and conclusions emerge from the researchers' analysis. In some instances these are based on findings of the survey, and in some instances on interpretation of data from the case studies. In many instances these assessments are based on convergent evidence of both study approaches, and in these cases the research conclusions are most firm. Findings and conclusions are noted below, along with notes regarding the basis for conclusions.

Subsequent to their review of conclusions as to the current situation, the researchers outline a number of policy and program directions suggested by the research, which were presented to the Task Force in the course of its deliberations.

A. Findings Regarding Current Guidelines and Procedures for Identifying and Treating Child Abuse Cases

The conclusions and assessments which emerge from the research are set out immediately below on a section by section basis, paralleling the presentation of survey results in Section II above. In each case conclusions are numbered and set out in italics. Each conclusion is followed by a brief discussion and/or a note as to the source of evidence for the conclusion.

1. Community Context: the setting for identification and treatment of child abuse

1.1 The social structure and context of smaller, more rural, and Northern communities presents unique problems and obstacles to effective treatment of child abuse.

Size, for example, creates a number of peculiar difficulties in smaller communities: support services (e.g. day care) and professional specialists (e.g. psychiatrists) are likely to be fewer or absent;face to face contacts make child protection more personal and sometimes more difficult for social workers -- abusing families are more likely to be friends, acquaintances or relatives of social workers; threats of violence may be more common. In the North, of course, vast distances create additional problems in responding to reports of abuse, serving caseloads, etc. (Conclusions based on case study observations).

1.2 *In the North especially, the treatment of child abuse in Native communities presents challenging problems for which there are at present no generally demonstrated effective strategies or responses.*

Child abuse is thought to be a growing problem in Native communities because of increasing social disorganization, (in the opinion of several social workers interviewed in Northern communities). Children's Aid Societies are generally all-white agencies imposing foreign concepts of child welfare on Native communities. Native communities lack resources to engage in indigenous self-help or prevention programs. Very high proportions of the Native child population are brought into care in some Societies. (Conclusions based on case study observations).

1.3 *In many smaller Eastern and Northern Ontario communities the lack of supportive social services and health facilities (e.g. group homes, homemakers, psychiatric consultants) appears to limit the effectiveness of treatment.*

This situation often appears to go hand in hand with high caseloads, repetitive crises, and the maintenance of at-risk children in the home with only light or sporadic supervision. Preventative efforts tend to be greatly limited. (Parts of this conclusion based on survey data, parts based on case study data).

1.4 *In all communities, but especially smaller, more rural, and Eastern and Northern Ontario communities, there is clear need for greatly expanded professional education programs on handling child abuse, both for Children's Aid Society staff and other professionals, especially physicians.*

Lack of early reporting by physicians, and lack of good guidelines for handling abuse in institutions (e.g. hospitals and schools) seemed to have a detrimental effect in a number of cases examined. (Observation based on case study data).

1.5 *Less than half of the communities or catchment areas served by the Children's Aid Societies have an active interagency council to support collaboration on child abuse education and treatment.* (Based on survey data).

2. Organization and Resources for Dealing with Child Abuse

2.1 *A number of Children's Aid Societies appear to be grossly under-resourced relative to other local societies and relative to the job they face. This situation seems most pronounced and indisputably extreme in several of the Northern Societies,*

especially those serving extensive populations of native peoples, and in some Societies in Eastern Ontario. (Conclusion based on survey data and case study observations).

2.2 *In some Societies where caseloads are very high, social worker effectiveness is greatly reduced and the quality of protective services greatly undermined.*

Average caseloads for workers who deal with child abuse range from a reported low of 15 to a high of 48 (survey). As a result the quality of protective services tend to vary greatly from society to society (based on case study observations). This conclusion must be tempered somewhat by the reality of variable definitions of a "case" across Societies. Nonetheless worker to worker comparisons across Societies, using the case study data, indicate that caseload variations would be extreme even with uniform definition of a case. (Case study data and survey data).

2.3 *Staff training in techniques for handling of child abuse cases is often minimal. Only a small percentage of social workers dealing with child abuse cases, at most 13%, have had special training in handling physical and sexual abuse.*

Many staff interviewed in the case studies indicated a desire for more training and materials, and the opinion that these should be provided by COMSOC. Case study observations pointed to lack of training as a key problem in the handling of many cases. (Based on survey data and case study observations).

2.4 *Turnover of staff dealing with child abuse is a major problem in a notable minority of Societies, especially in Northern Ontario.*

Of the 50 Societies surveyed, 12 had more than 25% turnover among social workers dealing with child abuse in 1977. (Based on survey data and case study observations).

2.5 *Staff turnover has a detrimental effect on Societies' ability to provide experienced, effective investigation and treatment.* (Based on case study observation mainly).

2.6 *A number of smaller Children's Aid Societies have no staff turnover problem, but difficulty attracting highly qualified staff. In such Societies it is suggested that there is a need for upgrading of indigenous staff who sometimes have minimal formal training.* (Observation from the case studies).

2.7 *More than half of Ontario's Children's Aid Societies indicate that they lack staff with special language skills (especially French, Italian, Portugese, Cree and Ojibway).* (Based mainly on survey data).

3. Child Abuse as an Aspect of Protective Services

3.1 *Child abuse in the classic sense (child battering) represents a small element in the total protection caseloads of most local Societies. Many children who are not abused in the classic sense are "at risk" nonetheless, and require intensive concern on a par with that abroad at present for child abuse cases.* (Observation based on analysis of survey data combined with case study data).

3.2 *The inclusion of child abuse cases in generalized caseloads appears in some instances to lower the attention given to abuse cases, so that in some Societies they are treated very much like ordinary protection cases.* (Observation based on case study data).

3.3 *Many children who are abused have previously been in the local Children's Aid Society caseload;where the mother has been unmarried and in need of support, or wished to give the child up for adoption, or because of neglect, lack of supervision, etc.*

This points towards the value of appraising all protection cases on an "at risk" continum, to aid early identification of possible abusive situations. (Observation based on case study data).

4. General Development of Guidelines and Procedures for Identifying and Treating Child Abuse Cases

4.1 *Guidelines and procedures for identifying and treating child abuse cases are not extensively developed in the Children's Aid Societies of Ontario.*

This is reflected in the survey data, where we note that only 18 of 50 Societies surveyed had developed their own definitions of abuse, and only 25 of the Societies were found to have their own written guidelines.

As well, guidelines and procedures seemed to be poorly disseminated within Societies (case study and survey data), and weakly implemented in some societies (case study observation). On the more positive side, the researchers noted considerable on-going activity in the development of guide-

lines and procedures, and considerable interest in obtaining better guidelines from the Province.

4.2 *Where guidelines do exist, the level of development of guidelines and procedures varies greatly from Society to Society.*

A number of societies were found to have well developed and effectively implemented guidelines and procedures, while many others had few or no guidelines, or had guidelines that were poorly implemented. (Case study and survey data).

4.3 *In some cases Societies have adopted guidelines and procedures which are not fully in effect: in such Societies the appearance of having guidelines and procedures may be misleading.*

This was observed in particular in the case studies. There the researchers were able to see instances where OACAS guidelines had been adopted, or were supposed to be in use, but where actual implementation was limited or of little consequence. This reflects that fact that actual implementation of guidelines and procedures requires a major administrative committment as well as supporting educational efforts. (Observation based mainly on case study data).

4.4 *Conversely, but more rarely, it appears that some Societies follow reasonably good procedures in handling child abuse cases, but that these procedures are not written, codified, subject to evaluation, or institutionalized.*

This problem is not as serious in some ways, as that of the Society with weak or poor procedures. Nonetheless, this situation is part of the whole, and not fully satisfactory. In such Societies as these, documentation of procedures should be a simple step to take to assure better institutionalization of guidelines and procedures. (Observation based on case study data).

4.5 *Resources alone are not enough to predict adequacy of guidelines and procedures: some Societies with limited resources have managed to organize and effectively implement very strong guidelines and procedures.* (Conclusions based on case study observations).

In such instances, the training and skill of key supervisors and other staff seems to be a major consideration. This suggests that training in the area of handling child abuse cases may by itself provide a major stimulus for upgrading of guidelines and procedures. (Observation drawn mainly from the case study portion of the study).

4.6 *OACAS Guidelines are not well distributed to line staff as rule, and not not appear to be actively used in most of Ontario's Children's Aid Societies.*

Only 8 societies, or 16% of the fifty surveyed had adopted OACAS Guidelines at the Board level. In 33 Societies, survey responses indicated that OACAS Guidelines had been distributed to all child protection staff; however, in the case studies we found that even where administrators had 'distibuted' the document, few staff had seen it or read it. (Observation drawn mainly from the case study portion of the study, with collatoral data from the survey).

4.7 *Workers in many Societies desire more explicit guidelines, check-lists, etc., than they have at present.*

Case study data, including interviews with supervisors and case workers, gave this general indication. This conformed well with the responses of local directors to questions on the need for more specific guidelines, and some of their views as to action the Province should undertake in this area. Where interest in guidelines was expressed, interest in more training in how to deal with child abuse was usually expressed simultaneously. (Based mainly on case study data).

5. Investigating Reports of Child Abuse

5.1 *The failure of other major institutions and professions (especially physicians) to effectively support child abuse reporting often appears to greatly weaken the efforts of local Children's Aid Societies.* (Conclusions drawn from case study data, as well as survey reports of local directors as to major problems faced by Societies).

5.2 *Emergency duty rotation shared by all social work staff in the smaller Societies often means that child abuse cases will initially be investigated by inexperienced and untrained workers.* (Conclusion derived from case study analysis).

5.3 *Many workers have only a very elementary understanding of evidence and procedures of investigation suited for preparation of court cases.* (Conclusion derived from case study observations).

5.4 *Societies vary greatly in the way in which investigations are conducted, clarity of procedures for investigations, specification of steps to be taken, etc.*

This was reflected in the survey data, where we noted that only 23 Societies indicated they had written procedures on how investigations should be conducted etc. In the case studies this was reaffirmed through the examination of case files. These indicated uneven performance in the recording of witnesses statements, getting of medical examinations etc. Some Societies collected high quality evidence (more usually where cooperation with the police was good) while others seemed to leave at least occasional gaps in investigation and evidence. (Based on survey data to some extent, but mainly on the case studies).

6. Case Management and Treatment in Cases of Child Abuse

6.1 *As with guidelines and procedures generally, guidelines and procedures for case management and treatment are often lacking, unwritten, or (when they do exist) not always followed.* (Conclusion based on survey data and case study data).

6.2 *Inexperienced staff often manage and treat child abuse cases, often with poor case outcomes and poor effect on the working capabilities of the social workers involved.*

Survey data pointed to the fact that few workers dealing with child abuse had had any specific training for such cases. Survey responses also indicated that in only about half of the Societies did all staff assigned to investigation and intake of child abuse cases have previous experience with child abuse cases. (Conclusion based both on survey and on case study data). In the case studies, comparison of cases handled by experienced and inexperienced social workers indicated apparently much better outcomes for workers who were more experienced. Poor case outcomes apparently had poor effect on morale of the less experienced workers. (Analysis based on a limited number of cases).

6.3 *Treatment plans appear to be highly variable from Society to Society in interventive skill evidenced, resources used and apparent effectiveness.* (Conclusion based on case study data).

6.4 *Few social workers interviewed (in the case studies in eight Societies) felt confident about their interventive and treatment skills. Most claimed limited success in treating child abuse cases -- an interesting observation given the number of child abuse cases maintained in the home (and including many risk cases).* (Conclusion based on case study data).

6.5 *Societies vary significantly in the intensity of casework with abusing families, and the rigour of monitoring processes.* (Case study and survey data).

6.6 *Societies vary greatly in their propensity to take children into care. In some Societies evidence of possible risk will suffice to apprehend the child, while in others children may remain in the home even in the face of extreme risk.*

This was reflected in a number of comparable cases examined in the different Societies visited by the researchers. In Societies where children were more likely to be left in the home, reasons varied, but the decision to leave the child in the home often tended to reflect uncertainty about the safety of the child, even while leaving the child at risk. Constraints (e.g. the attitude of the court towards the Children's Aid Society;and child rights as against parent rights) often seem to produce this situation. In Societies where the propensity was to take children into care whenever apparently at risk, a clear philosophical premise prevailed: "safety of the child comes first".

That the tendency to take children into care varies greatly is borne out by analysis of available statistics. In some Societies children in care represent as much as 64% of all protection cases, while in others children in care represent as little as 29% of all protection cases. (Conclusion based on case study analyses and examination of existing Provincial statistics on cases and caseloads).

6.7 *In many Societies children are left in high-risk situations partly because no better place than the home is available. In such Societies there is often a shortage of foster homes, or other receiving facilities, and especially foster homes suitable for the needs of abused children.*

The lack of foster home care (and in some cases group homes for older children) is a problem which varies in magnitude from Society to Society, but case study evidence points to greater need in rural and Northern Societies. A very particular need seems to exist for special homes where the foster parents have some training to deal with the unusual emotional needs of the abused child. (Based on case study observations only).

6.8 *Procedures for searching for "missing families", especially those who have left the area, are highly variable across Societies, and in some cases haphazard or based only on the know-how of individual workers.*

Contrary to current opinion that suggests that abusive families are not highly mobile, the researchers found evidence of numerous instances of moving and missing families in current child abuse caseloads. Skill of individual workers as detectives counted most for success. Degree of effort and success seemed highly variable. The situation reflects the need for more centralized direction on how to find missing families, or perhaps a centralized search procedure and/or bulletin on missing families. (Based mainly on case study data).

6.9 *Administrative and supervisory mechanisms for assuring best safeguards for abused children and other children at risk are highly variable from Society to Society.*

For example, survey responses indicate that supervision of workers dealing with such cases may be weekly (the norm) or as infrequently as monthly. Equally important: case study observations indicated that much supervision is based solely on the worker's agenda, rather than a case monitoring strategy set by the supervisor. (Based on case study data and survey data).

6.10 *Record keeping on child abuse cases tends to be highly variable across Societies and inadequate records often tend to limit: (1) the effectiveness of case monitoring; (2) evaluation of effectiveness of services; (3) evaluations of worker performance.*

These observations come mainly from the eight case studies. (Comparable results are reported for an additional sample of eight Societies studied by Greenland and Lewis).

6.11 *Inter-agency collaboration in the treatment of child abuse varies greatly in its scope and effectiveness across the Children's Aid Societies surveyed.*

Many Societies have well developed procedures for inter-agency collaboration, maintain close relations with collateral services, define their roles clearly with other agencies providing primary service to abusing families. Many other Societies appear to have no procedures, weak contacts, and vague divisions of responsibility with other agencies, through which child abuse cases may escape monitoring. (Based on survey data and case studies).

6.12 *Variability in the quality of protective services provided to abused children by local Societies is often exacerbated by the handling of child abuse cases in other institutional settings, especially hospitals, the courts and schools.*

This was most clearly reflected in the matter of reporting of child abuse by physicians and hospitals and in case-monitoring. (Conclusion based on case study observations and survey opinions of local Directors).

6.13 *In general, the quality of protective services for abused children seems to be positively correlated with: (1) the existence of written, institutionalizing guidelines; (2) frequency and rigour of supervision; (3) qualifications, training and experience of staff; (4) moderate to low caseloads.* (Observations mainly from case study data).

6.14 *In general, many Children's Aid Societies are ill-equipped to handle the stress of greatly increased reporting of child abuse which may result from anticipated changes in legislation, and from expanded COMSOC child abuse training programs.*

Indeed, many of the difficulties encountered by some Children's Aid Societies in handling child abuse cases in the past few years may stem from a rapid rise in reported instances of child abuse from 1975 onwards. A realistic program to implement satisfactory minimum standards around the handling of child abuse cases may be essential if Societies are to handle further increases of reports in the period 1978 onwards. (Judgement based on case study and survey data).

7. Guidelines and Procedures for Making Four Key Decisions in Child Abuse Cases. Factors to be considered and steps to be taken when: (a) removing a child from his/her own home; (b) returning a child to his/her own home; (c) referring cases to the courts or other law enforcement agencies; (d) terminating a case:

7.1 *Children's Aid Societies were found to be highly variable in the way in which critical decisions were formalized and handled.* (Based on survey data and case studies).

7.2 *Many Children's Aid Societies were found to have no written guidelines for these four critical decisions affecting abused children.*

In fact, only 48% of the Societies surveyed had written guidelines regarding removal of a child from the home;only 42% had written guidelines regarding steps to be taken or factors to be considered when referring to law enforcement agencies; only 32% of the Societies surveyed had guidelines for factors to be considered or steps to be taken in returning a child; only 30% had written guidelines regarding termination of a case. This problem appears to reflect greater caution in the removal of children from possible risk situations (mainly because of the courts), and much less caution around return to a possible risk situation. (Based on survey data and case study data).

7.3 *In most Societies the survey indicated that critical decisions were made jointly by caseworkers with supervisors or the local Director.*

In practice, the case study data indicated that critical decisions were occasionally made by caseworkers alone. Several Societies could give no clear indication as to who was involved in such decisions. (Based on survey and case study data).

7.4 *Survey results indicated that use of other professional consultants (e.g. doctors, psychiatrists, psychologists, lawyers) in key decisions regarding child abuse cases appeared to be very limited and variable from Society to Society.*

8. Relations with Law Enforcement Agencies in Child Abuse Cases

8.1 *Societies which readily involve the Police in child abuse investigations appear to collect higher quality evidence, and often complete investigations (obtain admissions of abuse, etc.) more readily and successfully.*

Police involvement leads more readily to the collection of physical evidence (photographs) and conduct of proper medical examinations. This is, of course, as regards confirmed cases of abuse. What effect occurs in other instances (e.g. neglect, suspicion of abuse) is not reflected in case records examined. Our data, it should be emphasized, says nothing about the activities of police in jurisdictions where they do not play a major role in child abuse investigations. (Observations based on the case studies).

8.2 *Societies vary greatly in the extent to which they use lawyers, or the court process generally. Societies reporting greater usage of lawyers report good satisfaction and better clarity of outcome of court cases.* (Observation based partly on survey data, partly on case study data).

8.3 *Staff in a number of Societies where case study visits were made indicated a desire to make more extensive use of lawyers, but that current use was low because of expense. This view was also supported by many local Directors in their responses to the survey.* (Observations based partly on survey data, partly on case study data).

8.4 *Only a very small minority of Societies (2 Societies, or 4%) report a poor working relationship with the police; only 3 Societies (or 6%) report a poor working relationship with the courts.* (Conclusion based on survey data).

8.5 *A more sizeable group (12 Societies, or 24%) report general dissatisfaction with court outcomes.* (Conclusion based on survey data).

8.6 *Variability in the protective services provided to abused children appears to be exacerbated by inconsistencies in treatment of cases by the courts.*

In a number of instances it was noted that similar cases were handled differently in different Societies simply because of the expectations and attitudes of the local courts. In some Societies, it appeared that children could be taken into care with evidence of reasonable suspicion that children were abused or in potential danger. In other Societies even badly abused children were kept with their families, against Children's Aid Society advice, because of the different attitudes and expectations (for evidence) of the particular judge. (Case study observation mainly).